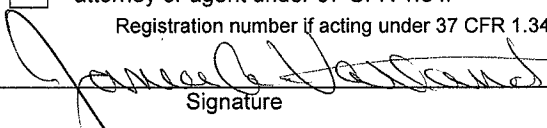


|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>P0741.70006US00  |                         |
| Application Number<br>10/695,667-Conf. #4456  |   | Filed<br>October 27, 2003  |                         |
| For PSMA FORMULATIONS AND USES THEREOF  |   |  |                         |
| Art Unit<br>1643  |   | Examiner<br>S. L. Rawlings   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$130  | \$65 \$ 65.00           |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$490  | \$245 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1110   | \$555 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1730   | \$865 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2350   | \$1175 \$               |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input checked="" type="checkbox"/>   | Payment by credit card. <del>Form PTO-2038 is attached.</del>   |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |   |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number 52,318  |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
|    |   | July 29, 2010  |                         |
| Signature   |   | Date   |                         |
| Janice A. Vatland, Ph.D.  |   | 617.646.8000   |                         |
| Typed or printed name   |   | Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |  |                         |

|  |  |
|--|--|
| <b>Certificate of Electronic Filing Under 37 CFR 1.8</b>   |  |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |  |
| Dated: July 29, 2010   | Electronic Signature for Michelle M. Quinn: /Michelle M. Quinn / |